PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
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Under the Papervork Reduction Act of 1995, no persons are required to respon  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875							Application or Docket Number 10/521,632			ling Date 09/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN	
⊢	FOR		<del>` ` </del>		MBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)		
┢	BASIC FEE	N						FEE (5)		<u> </u>	FEE (\$)	
Ľ	(37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
Ľ	SEARCH FEE (37 CFR 1.16(k), (i), (		N/A		N/A		N/A		ı	N/A		
ᄖ	(37 CFR 1.16(o), (p),		N/A		N/A		N/A		ı	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
	DEPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *			]	x \$ =			x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	ts of pape 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))											
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							SMAL			ER THAN ALL ENTITY		
AMENDMENT	08/14/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 18	Minus	<b></b> 20	= 0	]	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	<b></b> 3	= 0	]	X \$105 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
<b> </b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(i))		Minus		=	1	x \$ =		OR	x s =		
Δ	Independent (37 CFR 1.16(h))	*	Minus	***	=	]	x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))					]						
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
Γ									OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in THIS SPACE is less than 1, enterty in the previously enterty in the previously be sent to the previously be sent to the previously in the											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF) process) an application. Confidentiality is ownered by \$8 USF. 1.28 and \$3 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information Officer. US. Fatential and Trademark Office, U.S. Department of Commons. P.O. Box 1450, Aboxandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENCES SEND TO: Commissioner for Platents, F.O. Box 1450, Alexandria, VA 2213-1450.